

Hope

**Breaking New Ground –
Addictions Medicine Unit**

**Changing the Way We Deliver
Inpatient Addictions Care**



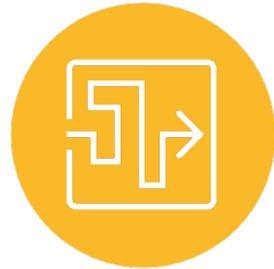
Health Sciences North
Horizon Santé-Nord

Dr. Tara Leary MD CCFP FCFP
Regional Addictions Physician Lead, Operational Engagement
Health Sciences North

Conflicts of Interest

- **Stipends from Indivior and Takeda Canada for advisory panel and speaking engagements**
- **NOAMA Grant**

Goals of Today's Presentation...



Highlight how a regional leadership model has supported the transformation of addiction services in Northeastern Ontario.



Detail how Health Sciences North has begun to transform addiction care delivery in hospital.

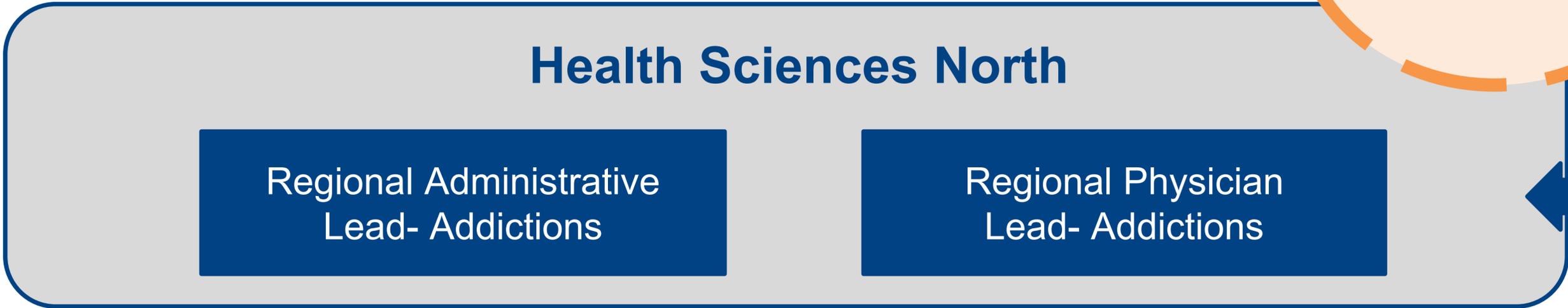


Describe HSN's Addiction Medicine Unit

- Purpose/theory
- Key metrics
- Current vs future state

The Start of a Regional/Systems Approach to Improving Access to Addiction Care in the North West

Ontario Health North



Rapid Access Addiction Medicine (RAAM)

Addiction Medicine Consult Service
*Suboxone protocol ED, inpatient protocols

Building and Transforming the Addiction Care Continuum at HSN

Outpatient/
Community

Emergency Department

Inpatient Admission/
Acute Care

Organizational-Wide Education Strategy and Harm Reduction Philosophy

Rapid Access Addiction Medicine
Clinic (RAAM)

Outpatient Addictions Counselling

Addiction Intensive Treatment
Outreach Team

Withdrawal Management

Addiction Medicine Consult
Service (AMCS)

Addiction Medicine Unit

Integrated Pathways with Community Partners/Services/Primary Care

Addictions Medicine Unit (AMU)



20 beds - opened March 10, 2021 in response to increasing ED visits and patients requiring hospitalization



Medical unit providing specialized substance use treatment for patients, whether abstinence based or harm reduction



Staffing model made up of a specialized workforce including physician specialists for addictions care; GPs, Psychiatry nursing, allied health and peer worker support.



Provides necessary connections to community partners for continued care post discharge

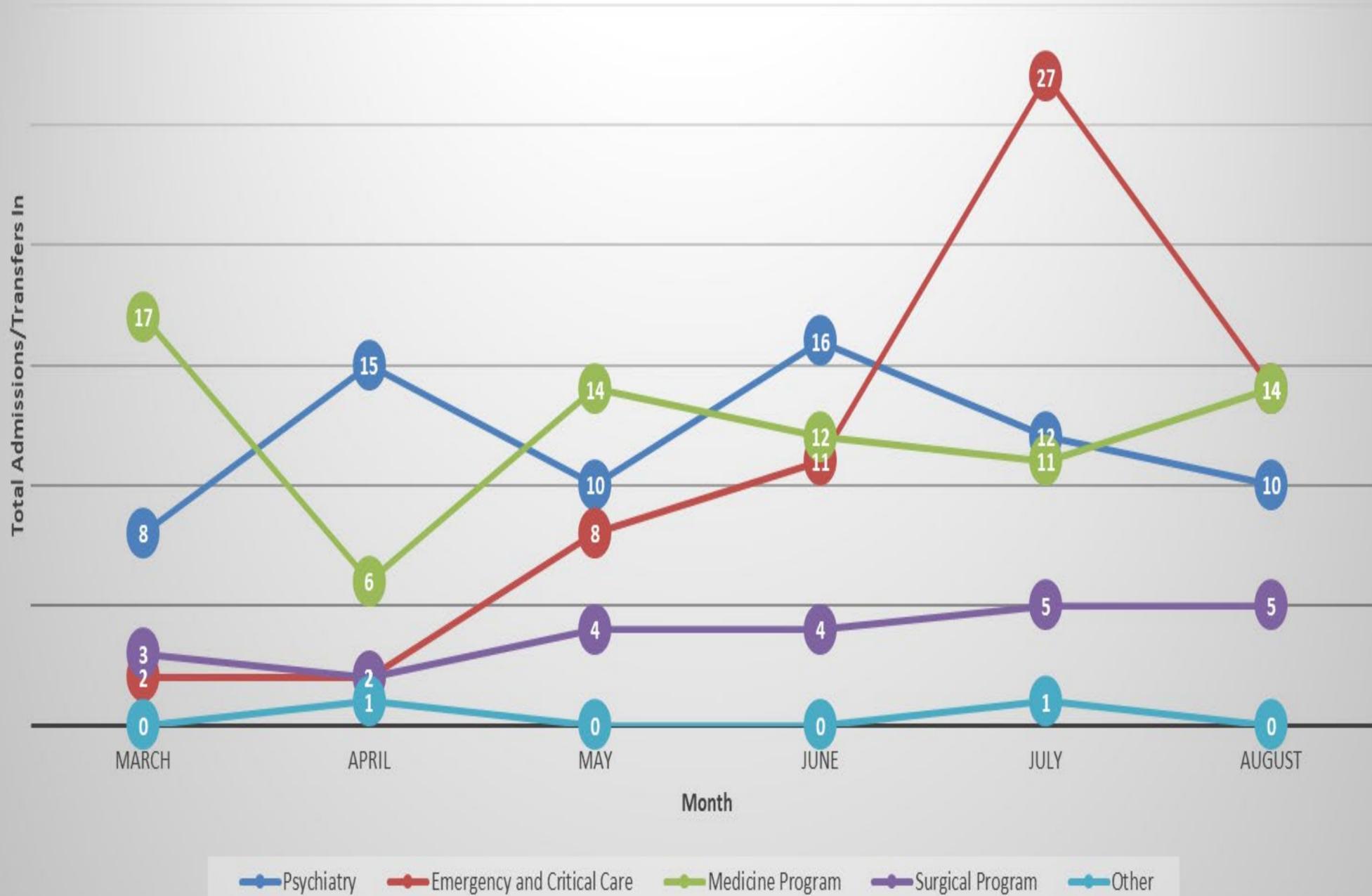
Addictions Medicine Unit (AMU)

Key Unit Metrics

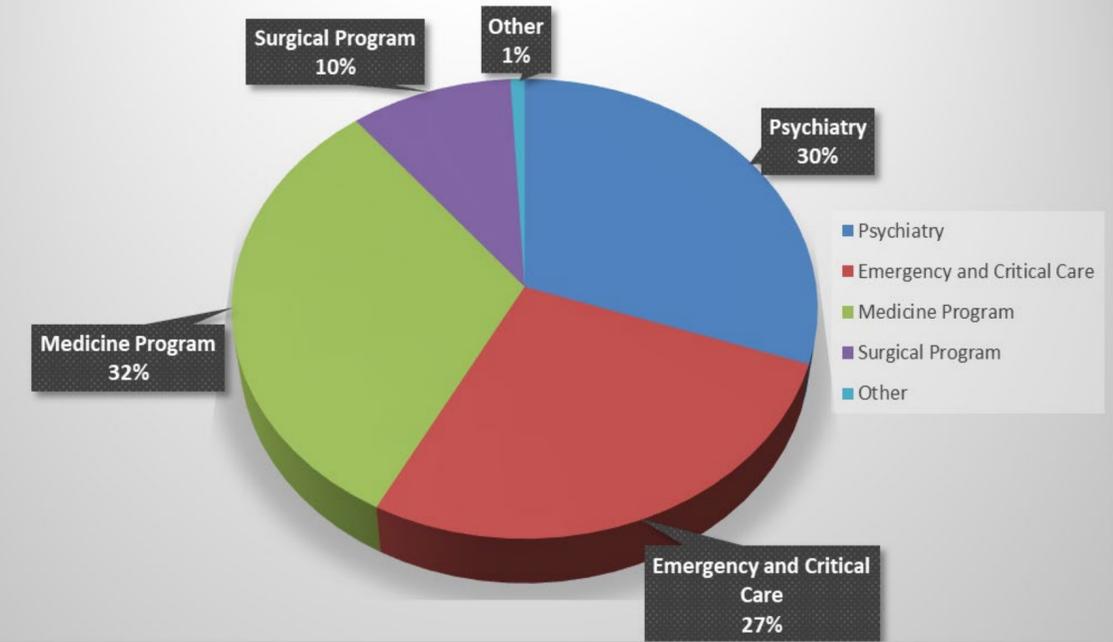
Metric	Q1 - April - June	Q2 - August - September
Number of Admissions	102	138
Number of Transfers Out	11	16
Average Length of Stay	11.93	10.76
Occupancy Rate	75.18%	91.28%

Key Unit Metrics

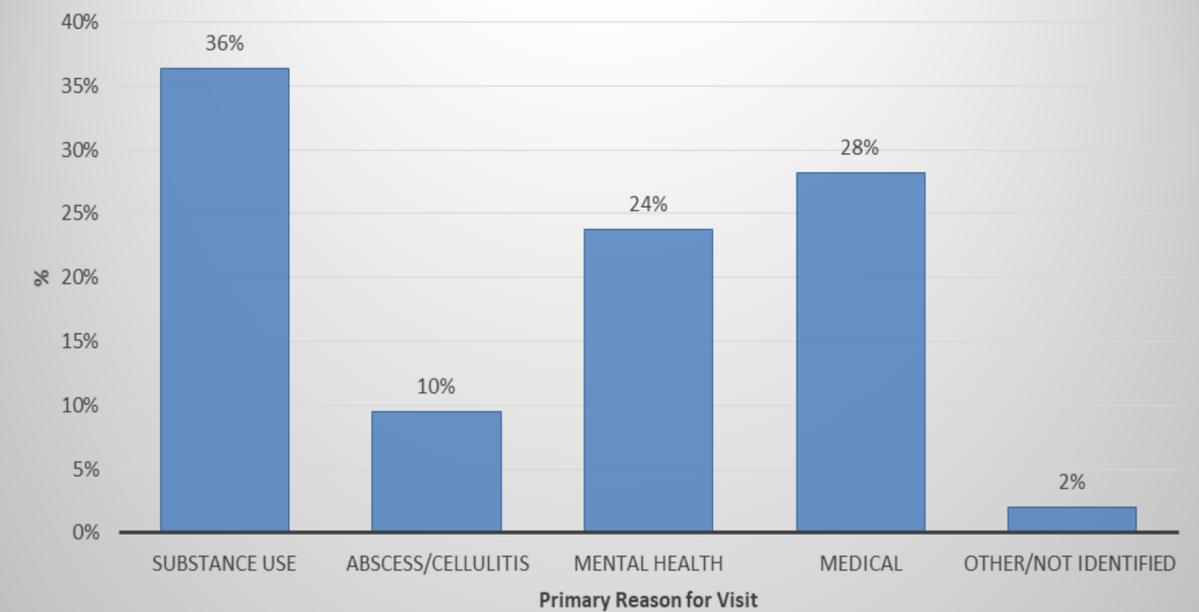
Admissions/Transfers In - By Location



% of Admissions and Transfers by Location



Reason for Visit On Admission to Hospital



Impact of Making the Connection – Community Engagement

- **Unit Development and Implementation**
 - Engaged internal and external stakeholders, to develop, share and obtain feedback on unit processes and mandate.
 - Participants attended regular meetings to support unit development and inform practices
- **Inpatient Experiences**
 - Able to address issues by engaging and/or reconnecting patients with community providers and/or home hospital-based programming while hospitalized.
 - Reduced stigma/potential for trauma (inpatient experience)
 - Provide culturally appropriate care without needing to have these services in house through connections with external providers who can support these needs
- **Care transitions and discharge outcomes**
 - While in AMU basic needs of food and shelter are being met
 - Addictions, medical and mental health concerns are being better addressed due to better access to medications and specialized health care providers.
 - Patient ability to seek additional supports and move even ever so slightly along the recovery spectrum is improved (i.e. use of clean rig, HCV treatment, housing needs are addressed, etc.)

Successes and Challenges

SUCCESSSES

- Addressing the gap in the continuum of addictions care
- Support from hospital administration
- Providing education to reduce stigma and improve care transitions across the hospital
- Connecting to community partners enables expedited access to treatment options
- Improving formulary access to up-to-date addictions treatment options
- Patient satisfaction

CHALLENGES

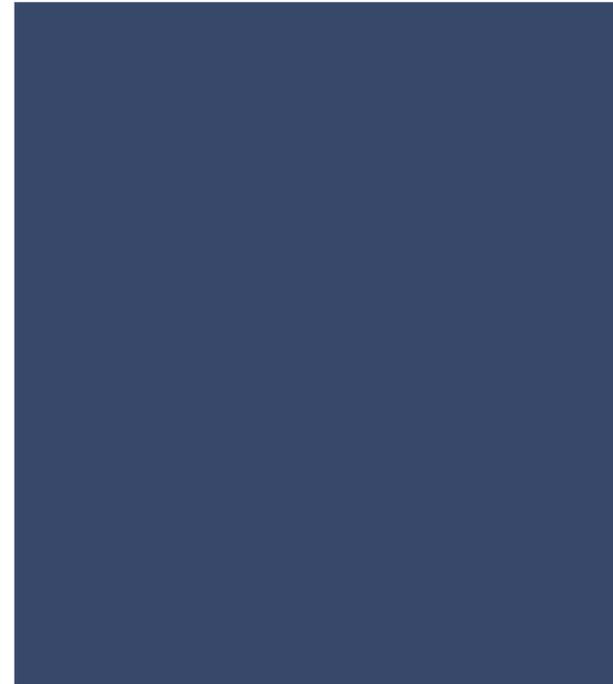
- Policies and procedures limit harm reduction options while in hospital
- Supervised off unit excursions
- Lack of medical detox beds
- Flow/medical complexities
- Sustainable physician funding
- Increasingly toxic supply of drug combinations
- Limited affordable housing options
- Access to primary care

Next Steps

- Deeper dive into data collection and analysis
 - Review repeat presentations to the ED, WMS and hospital admissions
 - Referrals to out-patient mental health services
 - Referrals to treatment services
- Ongoing staff and physician education
- Establish processes to improve mental health and addictions presentation experiences across the hospital and the care continuum
- Seek funding opportunities for a medical detox service
- Identify innovative strategies to address on-going substance use in hospital (i.e. safe consumption)
- Further change the way addictions care is provided

Behind every statistic is someone's family member, friend or colleague.

Meet Jada and listen to her inspiring story of hope and recovery.



It's why we do what we do at HSN...